PTO/SB/30 (10-07)

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Request	Application Number	10/566,970	0	
for Continued Examination (RCE)	Filing Date	February 2, 2006		
Transmittal	First Named Inventor	Katsumi Y	amaguchi	
Address to: Mail Stop RCE	Art Unit	1794	1794	
Commissioner for Patents P.O. Box 1450	Examiner Name	Hai Vo		
Alexandria, VA 22313-1450 Attorney Docket Number YCO-0001			ر ا	
This is a Request for Continued Examination (RCE) a Request for Continued Examination (RCE) practice under 37 Cl 1995, or to any design application. See Instruction Sheet for RC	FR 1.114 does not apply to any u	ility or plant at	oplication filed prior to June 8.	
 Submission required under 37 CFR 1.114] Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). 				
 Previously submitted. If a final Office action is considered as a submission even if this box is 	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.			
i. Consider the arguments in the Appeal B	Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
ii. Other Amendment Filed February 25, 2008				
b. L Enclosed				
I. / Amendment/Reply	iii. Information Disclosure Statement (IDS)			
ii. Affidavit(s)/ Declaration(s)	iv Other			
2. Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a				
a. period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)				
b. Other				
	The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.			
	The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 50-4422 I have enclosed a duplicate copy of this sheet.			
i. RCE fee required under 37 CFR 1.17(e)	RCE fee required under 37 CFR 1.17(e)			
ii.	Extension of time fee (37 CFR 1.136 and 1.17)			
iii. Other				
b. Check in the amount of \$	enclosed			
c. Payment by credit card (Form PTO-2038 enclosed)				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
S/GNA TURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Signature	Dat	е	April 22, 2008	
Name (Pnnt/Type) Lee Cheng	Re	istration No.	40949	
	F MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop RCE. Commissioner for Patients, P. O. Box 1450, Alexandria, VA 22313-1450 or facisinile transmitted to the U.S. Patient and Trademark Strendure				
Name (Print/Type)				
Name (Print 1)pp This collection of information is required by 37 CFR 1.114. The information process) an application. Confidentiality is governed by 35 LLS C. 133	Date ion is required to obtain or retain a be	nefit by the publi	c which is to file (and by the USPTO	

to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.2 processing an application. The confidential is estimated to take 1.2 processing the completed application from the USPTO. Time will war depending upon the individual case. Any comments on the amount of time you require to complete this form ander suggestions for reducing this barden, should be sert to the Chief Information Officer. U.S. Patient and Tradiamath Office. U.S. Department of Commence, P.O. Box 1450, Alexandra, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-3450. DON TSEND FEES O